

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Participant's Evaluation Form

Participant's Name (Last, First, Middle)

Community Service Assignment (CSA) Title

Host Agency Name

Site Name (if different from Host Agency Name)

Location of Assignment (No, Street, City, State, Zip)

1. Self-evaluation of task performance (Lists tasks from Assignment Description)	Above Average	Average	Needs Improvement	Did Not Perform
a.				
b.				
c.				
d.				
e.				
f.				

2. In reviewing the Assignment Description, are current duties in keeping with those listed above?
If no, please explain.

Yes

No

3. Evaluation of community service assignment

	Above Average	Average	Needs Improvement	Did Not Perform
a. Orientation/training				
b. Day- to- day supervision				
c. Working conditions				
d. Cooperativeness of staff				
e. Encouragement to participate in agency activities				
f. Adherence to assignment description				
g. Encouragement to assume new responsibilities				
h. Value of assignment to obtaining IEP goals				

Additional comments

Participant's Signature

Date